

**Indiana Criminal Justice Institute
Substance Abuse Services Division
Program Announcement
March 11, 2008**



**Safe and Drug Free Schools – Governor’s Portion – CADCA Regional Core
Competency Training Grant**

Proposal Deadline: April 10, 2008

Applications must be postmarked no later than April 10, 2008

Project Dates: May 20, 2008 to May 22, 2008

Grant requirements are absolute and cannot be waived.

I. Introduction

The Indiana Criminal Justice Institute is soliciting proposals for funding through the Safe and Drug Free Schools – Governor’s Portion – Training Grant to assist Local Coordinating Councils in participation at the CADCA Regional Core Competency Training to be held in Cincinnati, Ohio, May 20 through May 22, 2008.

Grants will be for a 30 day period beginning May 1, 2008 and concluding no later than May 30, 2008. The maximum amount to be awarded to any applicant is \$1,500.00.

II. Purpose of Grant

The Safe and Drug Free Schools – Governor’s Portion – Training Grant is to assist Local Coordinating Councils in expenses related to attending the CADCA Regional Core Competency Training. The training objectives include:

- Plan and develop programming using SAMHSA’s Strategic Prevention Framework
- Identify community needs and resources; name and frame identified issues
- Analyze problems and goals; identify root causes
- Figure out Logic Models- “The Picture on Top of the Puzzle Box”
- Create and select interventions- “The Real Difference between Coalitions and Programs”
- Create an Evaluation Plan- “When to Fire your Evaluator”
- How to develop an Intervention Plan
- Sustain you organization- “How not to leave your Survival to Chance”

Purpose Areas

Safe and Drug Free Schools – Governor’s Portion – Training Grant funds will give priority to children and youth (under 18 years of age) who need special services or additional resources, i.e. youth in juvenile detention facilities, runaway or homeless children and youth, pregnant and parenting teenagers, school dropouts. Additionally, special consideration will be given to grantees that pursue a comprehensive approach that includes incorporation of mental health services related to drug prevention. Projects should, overall, serve to increase protective factors and decrease risk factors of youth described herein.

Safe and Drug Free Schools – Governor’s Portion – Training Grant must be used to implement drug prevention activities, which must include: dissemination of information about drug prevention, and development and implementation of community-wide drug prevention planning and organizing.

III. Eligibility

Local Coordinating Councils, as defined by Indiana Code (below), are eligible to apply for Safe and Drug Free Schools – Governor’s Portion –Training Grant program funds. Applicants who receive current funding from any division of the Indiana Criminal Justice Institute must be current on all reports related to such funding. Delinquent reports will disqualify an Applicant Agency from consideration for funding from any grant program through the Indiana Criminal Justice Institute.

Local Coordinating Councils

IC 5-2-11-1.6

"Local coordinating council" defined

Sec. 1.6. As used in this chapter, "local coordinating council" means a countywide citizen body approved and appointed by the commission for a drug free Indiana to plan, monitor, and evaluate comprehensive local alcohol and drug abuse plans.

As added by P.L.44-2006, SEC.5

All Local Coordinating Councils participating in the Safe and Drug Free Schools – Governor’s Portion –Training Grant MUST have a current, approved Comprehensive Community Plan.

No more than 25% of the funds may be used for administrative expenses.

Representatives from **ALL** participating agencies must sign the Signature Page of the application. Failure to include signatures from **ALL** participating agencies will result in the application not being accepted and processed.

If an applicant has a fiscal agent other than the applicant itself, the fiscal agent’s information must be included in the application. Said fiscal agent’s signature must also be included on the signature page.

IV. Late Applications

Project applications that are received past the due date will not be considered during the current cycle.

V. Funding Period

The funding for Safe and Drug Free Schools – Governor’s Portion –Training Grant will be from May 1, 2008 through May 30, 2008. The maximum amount to be awarded to any applicant is \$1,500.00.

Recipients of this grant must include copies of all receipts related to the CADCA Regional Core Competency Training in order to receive reimbursement for registration and hotel accommodations. All outstanding expenses must be paid and the Final Financial Report filed with ICJI within **45** days from May 22, 2008.

VI. Ineligible Activities and Cost Items

Ineligible activities and cost items include, but are not necessarily limited to, the following:

1. Lobbying.
2. Fundraising activities.
3. Construction or renovation costs.
4. Acquisition cost of real estate property.
5. Entertainment expenses.
6. Bonuses or commissions.
7. Calculating and reimbursement for mileage, per diem, and lodging cannot exceed state rates. Check with the Indiana Department of Administration at http://www.in.gov/idoa/travel/travel_policy.pdf for those rates.
8. First Class travel.
9. Indirect costs – all costs associated with funding requests shall be clearly identified.
10. Funds may not be expended or obligated prior to May 1, 2008.
11. **Purchase or lease of vehicles is not allowed.**
12. If your agency received less than \$500,000 per year in total federal assistance, you will not be required to arrange for an audit and may not charge audit costs to your grant. *(Note: Agencies receiving \$500,000/yr or more in total federal assistance will be required to have an audit performed in accordance with federal circular A-133. Costs for such an audit should be charged proportionately to all programs being audited.)*

VII. Any Safe and Drug Free Schools – Governor's Portion – Training Grant Proposal containing the above detailed items will not receive consideration.

VIII. Contract Requirements

When a Sub-grantee contracts for work or services, the following is required:

1. All consultant and contractual services shall be supported by written contracts stating the services to be performed, rate of compensation, and length of time over which the services will be provided. This shall not exceed the length of the contract period.
2. A copy of all written contracts for contractual or consultant services shall be forwarded to the Substance Abuse Services Division of the Indiana Criminal Justice Institute upon their ratification.
3. Payments shall be supported by statements outlining the services rendered and supporting the period covered.
4. Any contract or agreement for service of \$3,000 or more, which is not entered into as the result of competitive bidding procedures (or if only one bid is received), shall receive prior approval from the Substance Abuse Services Division of the Indiana Criminal Justice Institute.

IX. Applications Requirements

All successful applicants for a grant from the Indiana Criminal Justice Institute must agree to the following:

1. Enter into a Grant Agreement between the Indiana Criminal Justice Institute and the applicant agency and agree to abide by all provisions of the MOA.
2. Enter into an agreement to abide by all Special Conditions detailed in the Indiana Criminal Justice Institute Certified Assurances and Special Conditions.

3. Submit financial reports in the prescribed format and time frames as determined by the Indiana Criminal Justice Institute.

Failure to submit the required reports by the stated due date could result in the withholding of reimbursement of grant funds until the report(s) is received or termination of the award.

X. Special Requirements

Special Requirements will be stated in the Certified Assurances and Special Conditions and Memorandum of Agreement.

Specific performance measures will be required according to individual program objectives.

XI. Selection Process

★★★★ IMPORTANT INFORMATION ★★★★★

In order to receive consideration for the maximum award amount (\$1,500.00) the proposal must be completed accurately and completely.

The staff of the Substance Abuse Services Division of the Indiana Criminal Justice Institute shall conduct an initial screening of the proposal to check for completeness of the application.

XII. Grant Notification

Agencies awarded Safe and Drug Free Schools – Governor’s Portion – Grant funds will be notified electronically upon approval (no later than April 21, 2008). Grant Agreements will be sent via US Postal Service or electronically following approval. The Grant Agreement, with original signatures, must be returned to ICJI as per enclosed instructions. Upon the approval of the Grant Agreement by Department of Administration and State Budget Agency, Grant Award Packets will be sent to the applicant agency.

XIII. Application Procedures

Local Coordinating Councils are required to submit:

Online electronic application available at: www.cin.gov/cji/grants/other.html

Signature pages must be submitted via US Postal service prior to grant award.

Handwritten and/or faxed applications will not be accepted.

XIV. Monitoring

Regular Communications

Regular communications shall be maintained with each sub-grantee via telephone, e-mail, and US Postal Service.

XV. Submission of Proposal

Completed Safe and Drug Free Schools – Governor’s Portion – Training Grant Proposal Forms are to be submitted electronically as an attachment to an e-mail sent to scleveland@cji.in.gov,

except for the Signature Page(s). The Signature Page(s) and letters of support with original signatures and a copy of the Cover Page are to be postmarked to the Substance Abuse Services Division no later than April 20, 2008.

XVI. Reporting Requirements

Safe and Drug Free Schools – Governor’s Portion –Training Grant award recipients will be required by the Indiana Criminal Justice Institute to submit a Financial Report and original receipts. Local Coordinating Councils will be responsible for community level oversight of the project including submission of required reports to the Indiana Criminal Justice Institute.

For assistance with the requirements of this announcement, contact one of the following:

Mary L. Murdock
Chief Operations Officer
Director
(317) 232-1228
mmurdock@icj.in.gov

Sonya Cleveland
Substance Abuse Services Division
(317) 232-1289
scleveland@cji.in.gov

ICJI Use Only

Tracking #: 08-

___Approved ___Denied

Grant #: _____

CADCA TRAINING GRANT PROPOSAL FORM

Indiana Criminal Justice Institute

Substance Abuse Services Division
101 W. Washington St. Suite 1170 E
Indianapolis, IN 46204
(317) 232-1289



Please complete and submit sections 1 through 4 as an attachment to an e-mail sent via scleveland@cji.in.gov. SECTION 5, SIGNATURE PAGES, must be mailed via US Postal Service and include original signatures. Limit attachments to additional data, letters of support, and other documents as requested.

Please note, only Local Coordinating Councils in the State of Indiana may apply. Applicants who receive current funding from any division of the Indiana Criminal Justice Institute must be current on all reports related to such funding. Delinquent reports will disqualify a Local Coordinating Council from consideration for funding through any grant program through the Indiana Criminal Justice Institute.

No Handwritten Applications Will Be Accepted

Section 1. Cover Page

Local Coordinating Council:

Address:

City: _____ **Zip:** _____ **County:** _____

Phone: () - ext. **Fax:** () -

Agency E-mail:

Federal Employer or Payee Identification Number (FEIN):

Project Director

Name: _____ **Title:** _____

Agency:

Address:

City: _____ **Zip:** _____ **County:** _____

Phone: () - ext. **Fax:** () -

E-mail:

Coordinator / Point-of-Contact

Name: _____ **Title:** _____

Agency: _____

Address: _____

City: _____ **Zip:** _____ - _____ **County:** _____

Phone: () - ext. **Fax:** () -

E-mail: _____

Fiscal Agent (if different from Local Coordinating Council)

Applicant Agency: _____

Address: _____

City: _____ **Zip:** _____ - _____ **County:** _____

Phone: () - ext. **Fax:** () -

Agency E-mail: _____

Federal Employer or Payee Identification Number (FEIN): _____

Funding Request

Funds (Max of \$1,500.00) \$.00 **Project Total** \$.00

Section 2. Explanation of Request for Funds

Provide a narrative describing how the grant funds would be expended for the CADCA Regional Core Competency Training May 20-22, 2008 in Cincinnati, Ohio. Note this grant will only consider requests for training registration and hotel expenses directly related to the training. For more information about the CADCA Regional Training, please go to: <http://www.drugfreecincinnati.org/index.asp?id=245> .

Section 3. Budget Detail Worksheet

A. Registration **Dollars Requested**

TOTAL

B. Hotel

Dollars Requested

TOTAL

Section 4. Budget Narrative

INSTRUCTIONS: In the box below, provide a narrative description of the funding requested in the categories above. Please include calculations and justification of need – how will attending this training benefit this individual. The budget narrative should directly reflect the Budget Detail Worksheet. **As you type down the box will expand to accommodate your text.**

Registration

Hotel

Section 5. Signature Page

The officials who certify this document agree to adhere to all terms and conditions relating to the application. Duplication of responsibilities by one individual for any position listed below is acceptable. **Original Signatures are Required for submission.**

A. Government Executive as defined in IC 36-1-2-5.

Name:	Title:
Address:	City/Zip: , -
E-Mail:	Telephone: () -
Date: / /	Signature:

B. Agency/Department Head

Name:	Title:
Address:	City/Zip: , -

E-Mail: _____ **Telephone:** () -
Date: / / **Signature:** _____

C. Project Director

Name: _____ **Title:** _____
Address: _____ **City/Zip:** _____ , _____ -
E-Mail: _____ **Telephone:** () -
Date: / / **Signature:** _____

D. Fiscal Officer as defined in IC 36-1-2-7.

Name: _____ **Title:** _____
Address: _____ **City/Zip:** _____ , _____ -
E-Mail: _____ **Telephone:** () -
Date: / / **Signature:** _____

E. County Auditor for a county having a consolidated city (applies to Marion County only).

Name: _____ **Title:** _____
Address: _____ **City/Zip:** _____ , _____ -
E-Mail: _____ **Telephone:** () -
Date: / / **Signature:** _____